

BOARD OF COUNTY COMMISSIONERS

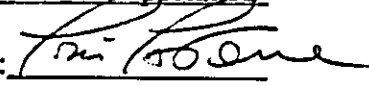
AGENDA ITEM SUMMARY

Meeting Date: 08/18-19/04

Division: Community Services

Bulk Item: Yes X No

Department: Social Services Transportation

Social Services Director: 
Louis LaTorre

AGENDA ITEM WORDING: Approval of a contract between Monroe County and WebMD

ITEM BACKGROUND: This agreement will allow Monroe County Transportation personnel to check on Medicaid status as well as Medicaid numbers. As we do the billing for Medicaid eligible Medicaid Transportation trips. We have been using this software for the past 7 years to obtain this information and in the past a contract/fee was not required.

PREVIOUS RELEVANT BOCC ACTION: N/A

CONTRACT/AGREEMENT CHANGES: N/A

STAFF RECOMMENDATIONS: Approval

TOTAL COST: \$49.90 (\$24.95 1st month and \$24.95 set up fee) and \$24.95 monthly thereafter

BUDGETED: Yes X No

COST TO COUNTY: \$49.90 (\$24.95 1st month and \$24.95 set up fee) and \$24.95 monthly thereafter

SOURCE OF FUNDS: 102-61505

REVENUE PRODUCING: Yes X No AMOUNT PER MONTH Year

APPROVED BY: County Atty  OMB/Purchasing  Risk Management 

DIVISION DIRECTOR APPROVAL: 

James Malloch

DOCUMENTATION: Included X To Follow Not Required

DISPOSITION:

AGENDA ITEM # C8

CONTRACT SUMMARY

Contract #_____

Expiration Date: No Expiration Date

This agreement, will allow Monroe County Transportation personnel to check on Medicaid status as well as Medicaid numbers. As we do the billing for Medicaid eligible Medicaid Transportation trips. We have been using this software for the past 7 years to obtain this information and in the past a contract/fee was not required.

4425

(Ext.)

Transportation/1

(Department/Stop #)

Agenda Deadline: 08/03/04

Current Year Portion: \$ 74.85

Account Codes: 102-61505-530-520-

100 200 300 400 500

For: monthly payments of \$24.95
(eg. maintenance, utilities, janitorial, salaries)

	Date In	Changes Needed	Reviewer	Date Out
Division Director	8/3/04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Malloch	8/3/04
Risk Management	8-2-04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	D. Slonick	8-2-04
O.M.B./Purchasing		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	S. St. Pierre	8/2/04
County Attorney	8/3/04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	S. St. Pierre	8/3/04

Comments:

WebMD3055 Lebanon Road Bldg.3 Suite 2000
Nashville, TN 37214If you have questions on how to complete this form
or on the status of your enrollment, please call
the enrollment help desk at 1-800-845-6592.**Florida Medicaid Enrollment for Real-Time Transactions
For WebMD Office****Please complete all information. Mail this form to the address listed above.**

Provider/Group Name: Monroe County Transportation
Provider Address: 1100 Simonton St. Rm 1-181
Provider City, State, Zip: Key West, FL 33040
Contact Name: Jerry Eskew
Provider Phone Number: 305-292-4422
Fax Number-for approval notice: 305-292-4411
Tax ID: 540302250553C ^{Certificate of Exemption} **FED ID** 59-6000749
Provider Number (must be nine digits): 0881511-00

- Practice address must reflect the physical location where eligibility will be verified.
- If Practice has multiple locations where eligibility will be verified, each location and corresponding provider number must be submitted for enrollment. Please copy form as needed.
- Provider number must be associated with the Practice/Physician name and location.
- Billing Agencies must have a specific provider number assigned by the AHCA (beginning with 99) along with submission of "intent and disclosure" and subsequent approval from AHCA for requesting eligibility data.

For Internal Use Only:

Please indicate all applicable HIP user names (please write clearly):

WebMD Office Provider Subscriber Agreement

Customer #:

File #:

Contract ID:

Siebel Opportunity Number:

This is a binding agreement ("Agreement") between ENVOY Corporation d/b/a WebMD ENVOY ("We", "Us" or "Our") and the organization named on this form ("You" or "Your"). This Agreement governs Your use of the WebMD Office Web Site, including, without limitation, all content such as text, information, images, and audio (collectively, the "Content") and all services ("Services") made available to You through the WebMD Office Web Site by Us and/or third parties (including, without limitation, WebMD Office Services). This Agreement includes the General Terms and the Special Terms for WebMD Office Services set forth on the reverse side of this document. "Site" as used in this Agreement means the WebMD Office Web Site, the Content, and the Services.

Select One of the Following:

Complete Sections:

<input checked="" type="checkbox"/> New Provider Customer Organization and New Users	I, II, III, IV, V, VI & VII, Users Enrollment Form & Payer Forms
<input type="checkbox"/> Changing Pricing Plan for Existing WebMD Office Provider Customer Organizations and Users	I or VIII, V & VI
<input type="checkbox"/> Adding New Users to Existing WebMD Office Provider Customer Organizations	None; WebMD Office Users Enrollment Form
<input type="checkbox"/> Adding Real-Time Payers to Existing WebMD Office Provider Customer Organizations and Users	None; Additional Real-Time Payor Enrollment Forms
<input type="checkbox"/> Adding WebMD Office to Existing WebMD Practice Provider Customer Organizations and Users	I, II, III, IV, V, VI & VII, Users Enrollment Form & Payer Forms

Section I - Provider Customer Addresses and Contact Information

Organization Information	Billing Information (for invoices)	Mailing Information (for Notifications)
Organization Tax ID 59-6000749	<input checked="" type="checkbox"/> Same as Organization	<input checked="" type="checkbox"/> Same as Organization <input type="checkbox"/> Same as Billing
Customer Name Monroe County Transportation	Customer Name	Customer Name
Primary Contact Jerry Eskew	Primary Contact Email Address jesc@monroecounty-tx.gov	Primary Contact
Address 1100 Simonton St Rm 1-18	Address	Address
City Keywest	City	City
State FL	State	State
Zip 33040	Zip	Zip
Telephone 3052924422	Telephone	Telephone
Fax 3052924411	Fax	Fax

Section II - Line of Business

Line of Business: ☐ Medical ☐ Hospital

Section III - Practice Management or Hospital Information System

System Name:

Section IV - Real-Time Carriers

Please see Schedule IV attached for Real-Time Carriers that may require additional paperwork.

Section V - Pricing - Please select a Package below

Pricing Package		Monthly Subscription Fee (Per Organization)	Non-Participating Payer Transactions		Participating Payer Transactions	One Time WebMD Office Setup Fee	Fees Owed	
Selection	Name		Included	Each Additional Transaction	Included		1 st Month (Monthly Fee + Setup)	Monthly (After 1 st Month)
<input type="checkbox"/>	Real-Time Basic	\$9.95	None	\$0.45	Unlimited	\$24.95	\$34.90	\$9.95
<input checked="" type="checkbox"/>	Real-Time 100	\$24.95	100	\$0.25	Unlimited	\$24.95	\$49.90	\$24.95
TOTAL SETUP FEES							\$49.90	

Section VI - Acknowledgements

CUSTOMER ORGANIZATION
I have the authority to, and hereby do, enter into this Agreement on behalf of my Organization, including on behalf of all physicians, other providers and users affiliated with this Organization. I understand that my Organization is legally bound by the terms and conditions of this Agreement.

ENVOY CORPORATION d/b/a WebMD ENVOY

By (Authorized Signature)

Date

By (Authorized Signature)

Name & Title (print or type)

Name & Title (print or type)

Section VII - Sales and Marketing Information

Initiative: ☐ No : ☐ Yes If Yes, what Initiative?: Sales Division Inside Sales Sales Person: Sylvia A. Poll

* primary contact email address is required

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:

SUZANNE A. HUTTON
ASSISTANT COUNTY ATTORNEY
8/03/04

Select One of the Following:	Complete Sections:
<input checked="" type="checkbox"/> New Users in New Provider Customer Organization	A, B, C, D (next page) and WebMD Office Subscriber Agreement
<input type="checkbox"/> Adding New Users to Existing WebMD Office Provider Customer Organizations	A and B (signed by primary contact) and D (next page)
<input type="checkbox"/> Adding WebMD Office to Existing WebMD Practice Customer Organizations and Users	A, B, C, D (next page) and WebMD Office Subscriber Agreement
Also Select One of the Following:	
<input type="checkbox"/> Do NOT need access to payers that require additional real-time carrier enrollment.	
<input type="checkbox"/> NEED access to payers that require additional real-time carrier enrollment.	
Please see Schedule IV attached for Real-Time Carriers that may require additional paperwork.	

Section A - Provider Customer Addresses and Contact Information

Organization Information	Billing Information (for Invoices)	Mailing Information (for Notifications)
Organization Tax ID: 59-6000749	<input checked="" type="checkbox"/> Same as Organization	<input checked="" type="checkbox"/> Same as Organization <input type="checkbox"/> Same as Billing
Customer Name: Monroe County Transportation	Customer Name:	Customer Name:
Primary Contact: Jerry Eskew	Primary Contact:	Primary Contact:
Address: 1100 Simonton St	Address:	Address:
City, State, Zip: Key West, FL 33040	City, State, Zip:	City, State, Zip:
Phone: 305 292 4422 Fax: 305 292 4411	Phone: Fax:	Phone: Fax:

Section B - Acknowledgements

<p>ACKNOWLEDGEMENTS</p> <p>I have the authority on behalf of this Organization and the providers affiliated with this Organization (collectively, the "Organization") to request access for each person identified on this form to the services checked below the person's name ("Services") and to ensure that access to patient information by each such person is consistent with the treating provider's obligation under applicable law. On behalf of this Organization, I acknowledge that access to and use of each category of Services are subject to this Organization's entry into a subscriber agreement for such services and each person's entry into a user agreement for such Services. In acting on the authority granted by this Organization, I agree to establish appropriate levels of access and passwords for such persons to ensure use of the WebMD Office Web Site and all Services in compliance with applicable state and federal laws and the applicable subscriber agreement.</p>	Organization Name
	By (Authorized Signature)
	Authorized Agent Name (print or type)
	Authorized Agent Title (print or type) Date

Section C - Primary Contact

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
eskew-jerry@monroecounty-fl.gov	Mr.	Jerry	L	Eskew
Last 4 digits of SSN	Date Of Birth	Title/Role	Gender (M/F)	
5175	1-27-46	SR Administrator	M	

*This user will serve as the primary contact for the customer organization. All changes, including adding or deleting users, services or payers must be approved by the primary contact. All correspondence between WebMD and the customer organization, including welcome letters that contain each user's WebMD Office userID and temporary password, will be directed to the primary contact.

Eskew-Jerry@monroecounty-fl.gov

Section D - Users

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
Cine-Aprile@monterocounty-fl.gov		ms. April	L	Cine
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)
3786	4-11-69	Administrative Assistant		F

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
valdez-nicole@monterocounty-fl.gov		ms. Nicole	M	Valdez
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)
3657	9-19-71	Dispatcher / Reservation		F

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
campo-abra@monterocounty-fl.gov		ms. Abra	D	Campo
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)
2070	2-23-69	Dispatcher / Reservation		F

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
base-carie@monterocounty-fl.gov		Carie	A	Base
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)
4556	2-10-78	Dispatcher / Reservation		F

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)

Preferred UserID (this will be Your email address)	Salute	First Name	MI	Last Name
Last 4 digits of SSN	Date Of Birth	Title/Role		Gender (M/F)

From: WEBMD:MEMPHIS

848688

07/20/2004 15:42 #578 P.006/012

SCHEDULE IV**REAL-TIME CARRIERS**

Please select the Real-Time Carriers to which you would like to submit transactions:

Additional Enrollment Form Required

- ☐ BLUE CROSS BLUE SHIELD OF GEORGIA
- ☐ NEW YORK MEDICAID
- ☐ UNITED HEALTHCARE REFERRALS / CLAIM STATUS
- ☐ BLUE CROSS OF CALIFORNIA
- ☐ BLUE CROSS BLUE SHIELD OF ILLINOIS
- ☐ BLUE CROSS BLUE SHIELD OF MINNESOTA
- ☒ FLORIDA MEDICAID

Additional Enrollment Form Required with ORIGINAL Signature

- ☐ BLUE CROSS BLUE SHIELD OF FLORIDA
- ☐ BLUE CROSS BLUE SHIELD OF TEXAS (Must be accompanied by form "Sample Letter" on Physician Letterhead)
- ☐ BLUE CROSS BLUE SHIELD OF NEW MEXICO (Must be accompanied by form "Sample Letter" on Physician Letterhead)
- ☐ BLUE CROSS BLUE SHIELD OF ALABAMA

UnitedHealthcare Registration:

Page ____ of ____

Organization Name: Monroe County Transportation Organization Tax ID: 59-6000749 Contact Name: Jerry Eskew
3032924422
 Phone: _____ Contracted with United Healthcare of Florida

ST	COSMOS Plan Name	DIV Code	Tax ID's / Provider Numbers						
AL	United HealthCare of Alabama	BHM							
AZ	United HealthCare of Arizona	PNX							
AK	United HealthCare of Arkansas	LIT							
CA	United HealthCare of California - North CA	SFO							
CA	United HealthCare of California - South CA	LAX							
CO	United HealthCare of Colorado	DEN							
FL	United HealthCare of Florida	FLA, RAM							
GA	United HealthCare of Georgia	ATL							
IL	United HealthCare of Illinois	ILL							
KY	United HealthCare of Kentucky	KEN							
LA	United HealthCare of Louisiana	BTR							
MD	United HealthCare of Mid-Atlantic - MD	CHS							
MI	PHP of Mid-Michigan	LAN							
MI	PHP of Mid-Michigan	MIC							
MI	PHP of South Michigan	JXN							
MI	PHP of Southwest Michigan	KLC							
MI	PHP of Southwest Michigan	KLM							
MI	PHP of West Michigan	MKG							
MI	PHP of West Michigan	MXK							
MN	Allina Health Plans (Minnesota - Medica)	MEC, MSP							
MO	United HealthCare of the Midwest, Inc. - MO	STL, STM							
MS	United HealthCare of Mississippi	JAN							
NC	United HealthCare of North Carolina	GSO							
NE	United HealthCare of Midlands - NE	NEL, NEX							
NY	United HealthCare of New York (includes NJ)	NYC							
NY	United HealthCare of Upstate New York	SYR							
OH	United HealthCare of Ohio	OHO							
PR	United HealthCare Plans of Puerto Rico	SJU							
RI	United HealthCare of New England - RI	PVD, PVS, FRM							
TN	United HealthCare of Tennessee	BNA							
TX	United HealthCare of Texas - Dallas	DAL							
TX	United HealthCare of Texas - Houston	HOU							
UT	United HealthCare of Utah	SLC							
VA	United HealthCare of Virginia	VRO							
SC	Physicians Health Plan, Inc. - SC	CAE							
WI	PrimeCare Health Plan - WI	PRC							
	Capitol Community Health Plan (CCHP)	DCA							
	EverCare (Long Term Care Plan)	EVC							

From: MEMPHIS

8486688

07/20/2004 15:43 #578 P.008/012